

# Special Purpose Michigan Vaccines for Children (VFC)/Immunization Programs

## Universal Hepatitis B Vaccination Program for Newborns

To encourage the immunization of **all** newborns with the birth dose of hepatitis B vaccine before discharge from the hospital, Michigan Department of Community Health (MDCH) makes vaccine available to hospitals for all newborns, regardless of VFC status. The *Universal Hepatitis B Vaccination Program for Newborns - Hospital Enrollment Form* is used to enroll birthing hospitals in this component of the VFC Program and must be updated and submitted annually. Assessment of VFC eligibility is required to comply with federal regulations. However, the vaccine is available for **all** newborns, regardless of VFC status. Screening of infants who receive hepatitis B vaccine through the Universal Hepatitis B Vaccination Program may be accomplished by having each child's eligibility status (Medicaid, uninsured, American Indian/Alaskan Native, underinsured, insured) documented somewhere in their medical record. If this documentation already exists in the record, additional screening is not needed. For example, if the child is enrolled in Medicaid or a private health plan, a photocopy of their health plan card in the chart is sufficient. For children who are uninsured or American Indian/Alaskan Native, documentation of these eligibility criteria in the chart is adequate.

Hospitals are required to report hepatitis B vaccinations to the Michigan Care Improvement Registry (MCIR). The easiest way to submit this data is to note the immunization on the electronic birth certificate (EBC). The data may also be provided to the MCIR by other methods.

**VACCINES FOR CHILDREN (VFC)  
PROGRAM Universal Hepatitis B  
Vaccination Program for Newborns -  
Hospital Enrollment Form  
Year 2007/2008** (Revised 10/23/07)  
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**VFC PIN # (Required)**

\_\_\_\_\_  
(For Local Health Department Use Only)

**COUNTY (Required)**

**Please Type or Print**

Name of Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_  
Last Name First M.I.

Vaccine Delivery Address: \_\_\_\_\_  
Street Suite # City Zip

Mailing Address: \_\_\_\_\_  
(if different) Street Suite # City Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Contact Name: \_\_\_\_\_  
Last Name First M.I.

Medical License #: \_\_\_\_\_ Medicaid Provider #: \_\_\_\_\_

Is your hospital a: Federally Qualified Health Center (FQHC)\* ☐ Yes ☐ No  
Rural Health Center (RHC)\* ☐ Yes ☐ No

\* FQHCs and RHCs are health care clinics that have applied for and received federal approval to serve medically under-served populations using federal grant funds.

To participate in the Universal Hepatitis B Vaccination Program for Newborns and receive federally procured vaccine at no cost, I, on behalf of the hospital listed above and all the practitioners, nurses, and others associated with this health delivery facility, agree to do the following:

1. Administer VFC vaccines only to newborns in accordance with the immunization schedule, dosages and contraindications established by the Advisory Committee on Immunization Practices (ACIP) and the VFC resolutions issued by the ACIP. Any exceptions to these guidelines practice must be based on: a) the attending physician's medical judgment, in accordance with accepted medical practice; or b) a reasonable belief that a specific requirement contradicts the law in my state pertaining to religious or other exemptions.
2. Maintain medical records pertaining to the Universal Hepatitis B Vaccination Program for Newborns for a period of at least 3 years. If requested, the hospital named above will make such records available to the local health department, the state or the Department of Health and Human Services (DHHS).
3. Provide eligibility information in each child's medical record (see Section II - Page 6 for more details).
4. Provide a current Vaccine Information Statement (VIS) that includes the Michigan Care Improvement Registry (MCIR) statement and maintain records in accordance with the *National Childhood Vaccine Injury Act (NCVIA)*, which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
5. Not impose a charge for the cost of the vaccine.

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6. Not impose a charge for the administration of the vaccine that is higher than the maximum fee of \$16.75 per injection as established by DHHS.
7. Report hepatitis B immunizations of any newborn immunized at the hospital directly to the Michigan Care Improvement Registry (MCIR) via the electronic birth certificate (EBC) worksheet.
8. Use the state's *Official Certificate of Immunization* (green immunization record card) or a printed record from the MCIR to record doses of vaccine administered for the patient's personal record.
9. Not deny administration of a federally procured vaccine to a child because the child's parent, guardian, or individual of record is unable to pay the administration fee.
10. Comply with state and local health department requirements for ordering vaccine and vaccine accountability. Agree to operate within the VFC Program in a manner intended to avoid fraud and abuse. Use of the MCIR will be required with Centralized Distribution.
11. Comply with the Centers for Disease Control and Prevention's (CDC) *Recommendations for Handling and Storage of Vaccines*. In the event that vaccines obtained through the program are wasted due to expiration, negligence and/or improper vaccine storage and handling practices, the hospital will reimburse the Michigan Department of Community Health (MDCH) for the replacement cost of vaccines wasted.
12. Allow the local health department to conduct a CDC-based VFC site visit, including access to 30 patient charts for a review of immunization documentation and eligibility screening. Agree to work with the local health department to implement any corrective actions as a result of the site visit.
13. Follow appropriate vaccine management procedures such as submitting regular doses administered reports to the local health department, using certified thermometers and maintaining appropriate temperatures in refrigerators and freezers where vaccine is stored, monitoring refrigerator and freezer temperatures twice daily in units where vaccine is stored, and notifying the local health department when state-supplied vaccine has wasted or will expire within three months.
14. Document according to *Statute 42 US Code 300aa-25* and CDC requirements (see Section II, page 22).

The hospital may terminate this agreement at any time. The State may terminate this agreement at any time if I fail to comply with these requirements. Upon termination, the hospital agrees to properly return all publicly provided vaccines to the local health department.

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Physician (Please print or type Physician's name)

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Title (MD, DO)

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Physician's signature

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Date

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This document provides shipping information and is used to develop annual population estimates that are submitted to the Centers for Disease Control and Prevention (CDC) and used by CDC to determine Michigan's annual allocation of federal funds. The form is also used to compare estimated vaccine needs with actual vaccine supply.

Profile Table: The following information must be based on data rather than estimates and should reflect the number of children expected to be born in a year. Please document the data source.

Eligibility Criteria	Number of Births
Enrolled in Medicaid	
Uninsured	
American Indian/Alaskan Native	
Underinsured/Fully insured/Private Pay (includes MI-Child)	
<b>ANNUAL TOTALS</b>	

Data source used to determine profile (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Registry Data (MCIR) PREFERRED | <input type="checkbox"/> Medicaid Claims Data    |
| <input type="checkbox"/> Provider Encounter Data        | <input type="checkbox"/> Tally Sheet             |
| <input type="checkbox"/> Vaccine Replacement Data       | <input type="checkbox"/> Doses Administered Data |
| <input type="checkbox"/> Prior Ordering Data            | <input type="checkbox"/> Other (Specify) _____   |

Clinic/Site Delivery Hours:

Monday	AM	_____	to	_____	PM	Closed for lunch from: _____
Tuesday	AM	_____	to	_____	PM	Closed for lunch from: _____
Wednesday	AM	_____	to	_____	PM	Closed for lunch from: _____
Thursday	AM	_____	to	_____	PM	Closed for lunch from: _____
Friday	AM	_____	to	_____	PM	Closed for lunch from: _____